Mendacity by Metaphor

BY THOMAS SZASZ

Once upon a time, law-abiding citizens acknowledged that they wanted lawbreakers punished. They did not say the offenders "needed" punishment. When they used the term "need" metaphorically—as when an outlaw in a bar told his buddies that one of their adversaries "needed" killing—they knew what they were talking about. They did not lie to themselves, nor did they deceive others. This is no longer true. In our society soaked in psychiatry, we systematically use the term "need" metaphorically, to lie to ourselves and to deceive others. Here is an example.

In February 2008 David Tarloff—a career "schizophrenic"—is released from a type of prison we call "hospital." Ten days later he kills a psychologist who shares offices with a psychiatrist whom Tarloff holds responsible for depriving him of liberty. In June the *New York Times* reports: "A lawyer for a schizophrenic man accused of killing an Upper East Side psychotherapist tried three times on Tuesday morning to persuade his client to leave his holding cell for a hearing." The lawyer was unsuccessful. Tarloff was not interested in being cooperative. He was interested in his life situation as he saw (constructed) it. Of course there is nothing new about defendants—especially defendants charged with a capital crime—not cooperating with the judicial system. What is new about it is the way the medical-judicial system now deals with such a person. According to the *Times*,

> The hearing, held in a small courtroom at Bellevue, was held to decide whether doctors could force Mr. Tarloff to take his medication. . . . Justice John E. H. Stackhouse of State Supreme Court in Manhattan granted the hospital's request. . . . Ronald L. Kuby, a defense lawyer, said medication was too often used to create a false sense of sanity. "When the jury sees your client sitting there calmly, peacefully, sort of blankly staring, that person then looks sane," Mr. Kuby said. "But that's a chemically induced stability designed to make the judicial railroad function." . . . "*When somebody is in need of medication*," Mr. Konoski [Tarloff's principal attorney] said, "*forcing them not to have it, forcing them to deal with their demons instead of being able to suppress them through the medication, that's almost like torture.*" [Emphasis added.]

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Voilà: The defendant who refuses to ingest a chemical straitjacket has a medical need for the drug. Acceding to the defendant's wish to not be chemically restrained is torturing him. Only in the age of psychiatry could people believe such brazen lies.

I was a trained physician and psychoanalyst before the advent of the class of chemicals we call "psychiatric drugs." I well remember watching—1954 or 1955, when I was serving my required military tour of duty at the National Naval Medical Center in Bethesda, Maryland—what must have been one of the first films promoting chlorpromazine, patented in the United States as Thorazine. The film showed monkeys, rendered irritable and aggressive by starvation and crowding, being injected with the drug and becoming "tranquilized."

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The term was new then. This, we were told, was the new cure for schizophrenia. I did not like what I saw and immediately wrote the following: "The widespread acceptance and use of the so-called tranquilizing drugs constitutes one of the most noteworthy events in the recent history of psychiatry. . . . These drugs, in essence, function as chemical straitjackets. . . . When patients had to be restrained by the use of force—for example, by a straitjacket—it was difficult for those in charge of their care to convince themselves that they were acting altogether on behalf of the patient. . . . Restraint by chemical means does not make [the psychiatrist] feel guilty; herein lies the danger to the patient."

This, then, was the glorious—but unacknowledged and unacknowledgeable—psychopharmacological breakthrough: Restraint could be put in the patient instead of on him and be defined as "drug treatment" (of and for the patient). It was obvious from the start that neuroleptic drugs benefit psychiatrists, not patients. Psychiatrists deal with this predictable result by attributing it to a newly invented mental-brain disease they call "anosognosia."

In 1931 Robert Frost (1874–1963) delivered a lecture at Amherst College with the unexciting title "Education by Poetry." It is a profound meditation on, and warning about, uses and abuses of metaphor. Long before I "discovered" the vast errors hidden from us by the metaphor of mental illness, Frost wrote:

> Health is another good word. And that is the metaphor Freudianism trades on, mental health. And the first thing we know, it has us all in up to the top knot. . . . What I am pointing out is that unless you are at home in the metaphor, unless you have had your proper poetical education in the metaphor, you are not safe anywhere. Because you are not at ease with figurative values: you don't know the metaphor in its strength and its weakness. You don't know how far you may expect to ride it and when it may break down with you. You are not safe with science; you are not safe in history. . . . They don't know what they may safely like in the libraries and galleries. They don't know how to judge an editorial when they see one. They don't know how to judge a political campaign. They don't know when they are being fooled by a metaphor, an analogy, a parable. And metaphor is, of course, what we are talking about. Education by poetry is education by metaphor.

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Paraphrasing that phrase, I suggest that education by psychiatry is education by and with mendacity, a thesis I have maintained for more than half a century.

Recent reports in the press exposed Dr. Joseph Biederman, professor of psychiatry at Harvard Medical School, and his collaborators of failing to report "at least $3.2 million dollars they had received from drug companies between 2000 and 2007," violating federal and university research rules designed to police potential conflicts of interest.

Biederman is said to be "one of the most influential researchers in child psychiatry, whose work has helped to fuel a controversial 40-fold increase from 1994 to 2003 in the diagnosis of pediatric bipolar disorder, characterized by severe mood swings, and a rapid rise in the use of antipsychotic medicines in children."

He is confident that the children whose behavior displeases their mothers suffer from a brain disease that requires pharmacological treatment. But is drugging children allegedly suffering from "pediatric bipolar disease" analogous to vaccinating them against smallpox, as Biederman suggests? Never mind that antipsychotic drugs are promoted as therapeutic agents, not as prophylactics. Never mind that press reports routinely refer to antipsychotic drugs as subduing involuntary subjects. And never mind that the modern psychiatrists' favorite "patients" are persons who are powerless to resist being cast in that role: children, prisoners, and old people in nursing homes.

If you are ignorant of metaphor, warned Frost, "You are not safe with science; you are not safe in history . . . in the libraries and galleries." You are certainly not safe if you believe that psychiatrists care for and cure sick people, when in fact they coerce and control persons helpless to resist their violence.